



# City of Seattle 2004 Families & Education Levy Major Initiative Recommendations



City of Seattle

## OVERVIEW OF MAJOR INITIATIVES

Following the principle that the Families and Education Levy support services that are integrated with each other, the CAC has recommended three broad initiatives that encompass most of the Action Strategies. The purpose of the Major Initiatives is to coordinate comprehensive services in order to reduce duplication and increase access. *All three Major Initiatives assume that some of the existing services continue and additional non-levy funding will be leveraged.*

### Early Learning: Neighborhood-Based Early Learning Networks

Establish up to three early learning networks in geographic areas of the City, each including 10-15 model programs that meet standards known to affect school. Funding, technical assistance and training would be provided for community-based programs not immediately meeting standards. Networks would try to bridge the gap between childcare and kindergarten readiness by working with elementary schools in the neighborhood to develop kindergarten transition plans and sponsoring training for early learning and K-2 teachers. Financial assistance would be provided to parents on a sliding scale. Each network would be governed by a local partnership of schools, service providers and community members. The Initiative assumes existing early learning funding from the City, state and federal governments would continue.

**Proposed Outcomes:** Improved school readiness; increase in the number of childcare centers meeting quality standards; greater alignment between child care and kindergarten curricula to better prepare children for school.

**Estimated New Annual Costs:** \$2.0 - \$2.5 million per network

### Community Partnerships for Student Success (CPSS)

Establish 18-25 CPSS centers serving students in middle and some elementary schools. The centers, which build on the experience and success of Community Learning Centers and other programs, would integrate after-school/summer activities, family support, educational opportunities for students and adults, targeted interventions, and reinforcement of learning standards. CPSS centers would be located in neighborhoods with the greatest needs. The CPSS initiative assumes continued funding of some existing Community Learning Centers and other Levy-funded programs related to OST.

**Proposed Outcomes:** Students would be more engaged and successful in school (by working at or closer to grade level); families would be more connected with schools (participating in

parent/teacher conferences and overseeing their children's homework); and school climates would improve (programs would be aligned with school curriculum).

**Estimated New Annual Costs:** \$2.0 million for 18-25 centers

### **Comprehensive Health Services**

Pilot in one geographic cluster a health services delivery system that provides K-12 students increased access to comprehensive health services through formal partnerships among the City, Seattle Public Schools, Public Health and community resources. Currently student health services at elementary, middle and high schools and community-based providers are not coordinated and funding is not aligned. The Experience Wellness Project model, which Seattle has been moving toward for three years, has four key elements: governance, internal reorganization of school health services, the hub and spoke/community partnership model, and funding enhancement. The School Health Initiative would pilot the EWP in the Southwest area of Seattle, serving 5 elementary schools, one middle school and one high school. A Joint Governance Council would be established. The Initiative assumes continued funding of School Based Health Centers in 10 high schools and Wellness Centers in 4 middle schools.

**Proposed Outcomes:** Improved health for pre-K through high school students; increased access to health care; improved attendance for students at risk of substance abuse.

**Estimated New Annual Costs:** \$325,000

## NEIGHBORHOOD-BASED EARLY LEARNING NETWORKS

**Concept:** Establish three neighborhood-based early learning networks in low income areas that take a systemic approach to ensuring that all children are ready to succeed in kindergarten

### **Core Services/Approach: Provide Access to High Quality Preschool Education for Children**

1. Establish up to three **early learning networks**, each with 10-15 model programs, or "Early Learning Centers of excellence." Some would be new programs in schools or neighborhoods; others would be existing preschool or child care centers. The model centers would build upon the existing early learning and care system, to the extent that there are existing providers with the ability or potential ability to meet the quality standards. Some new programs could be developed in neighborhoods where there aren't an adequate number of providers with the ability to meet the quality standards, or if a school wants to establish a Pre-K program.
2. Funding, technical assistance and training would be provided for those community-based programs not able to immediately meet the quality standards. Financial incentives would be offered to help programs achieve excellence and to reward higher levels of quality.
3. Early learning centers would be required to meet a comprehensive set of quality standards known to affect the quality of children's early learning experiences and their school readiness. (For example, standards would be established in the areas of program content and curricula; teacher credentialing; salaries and benefits; and professional development.) They would also be expected to adopt a curriculum model that has been demonstrated to be effective with low income children of color and to yield school readiness results.
4. Early learning centers would address the comprehensive developmental needs of young children, including social, emotional, physical and cognitive development. The literacy and numeracy components of the Early Learning Centers' curriculum would be developed in conjunction with Seattle Public Schools and aligned with the district's (or the local elementary school's) K-3 reading and math curricula.
5. The **early learning networks** would work with elementary schools in the neighborhood to develop kindergarten transition plans for children and families, help families enroll children in school and advocate for their children's needs. **Networks** would sponsor joint training for early learning and K-2 teaching staff, and fund release time for teachers to visit each other's classrooms to ensure a smooth transition for children.
6. **Early learning networks** would also be linked with a number of licensed family child care home providers and unlicensed (Family, Friend and Neighbor/FFN) caregivers in the neighborhood. The **early learning networks** would offer training and financial incentives for its linked providers to help them meet quality standards, offer joint training for family

child care staff, and provide “preschool” classes once a week for children in these or FFN settings. Kindergarten transition activities would be extended to families using licensed family child care and FFN care.

7. Existing and new sources of funding would be braided to leverage the dollars available and serve the largest number of at-risk children possible. (Existing revenue streams include Head Start, ECEAP, Families and Education Levy, state and city child care subsidies, federal Early Learning First grant, state and City Out-of-School-Time funding, etc.)
8. The **networks** would offer parents full time and part time options. Services would be free for very low-income children, with financial assistance on a sliding scale for low/moderate income families. Parents would be able to access financial assistance easily and seamlessly, across various fund sources. Consumer education about quality early education, brain development and school readiness would be provided to all families in the **early learning network** neighborhood. Comprehensive services would be offered for very high need or low income families and children. Family literacy nights might be offered at the local library or school.
9. **Early learning networks** would form partnerships with schools, community clinics, the University of Washington and the Seattle King County Health Department to ensure that Early Learning Centers employ preventive health practices, that all children are immunized and have developmental assessments, and that special needs are identified and families linked to appropriate services.
10. Each **early learning network** would be governed by a local partnership that includes schools, service providers and community members, and would be governed by one lead agency. They would manage partnerships across health, libraries, community colleges, social services, family support, Head Start, ECEAP, child care, school age care programs and K-12.

## Intended Outcomes

For each network, approximately 1,060 to 1,335 children will be served, resulting in:

- Expanded access to quality child care for 50 to 100 low-income families
- New part-time preschool openings
- Enhanced program quality and support for kindergarten transition
- New education materials for classrooms
- Enhanced outreach and home visits for families
- Kindergarten Transition teams at Seattle Public Schools
- Health screenings and referrals for 340 to 660 children

The CAC recommends two networks be funded.

## Budget

Each Neighborhood Network would be composed of the following:

- 2 to 6 Early Childhood Education and Assistance Programs (state-funded preschool)
- 2 to 6 Head Start Programs,
- 5 to 10 child care centers,
- 1 to 2 new preschool classrooms,
- 10 to 20 licensed family childcare providers,
- Support from family, friends, neighbors and parents.

An annual budget for one network would range from \$2.0 to \$2.5 million per network, or \$6.0 to \$7.5 million for 3 networks.

## Linkages and Connections to Other Services

### Integration of Investment Areas and Supporting Action Strategies

• Out of School Time	Transition for children entering kindergarten into OST programs; training for staff in Early Learning Centers (many are licensed for 0-12 year olds)
• Student Health Services	Provide screening, referral, CHILDFIND
• Family Involvement	Parent-child home visitor program, parent education, family support

### Requirements for Levy Service Delivery or Funding Partners

- Partnerships with School District and Community based organizations
- Would require funding beyond the levy to fully realize
- Agreements about eligibility and funding for DSHS subsidies, ECEAP and Head Start
- Partnership with Community Colleges, libraries, health services, and Child Care Resources for provider training and support

### Relationship to Other Levy Constructs

***Early Learning Investment Area Vision Statement.*** Every child is an eager, confident learner, ready for school. Children and families have the resources and supports they need to achieve social, emotional, and cognitive success. Schools, in partnership with families and communities, are ready to meet the diverse needs of each child.

### ***Related Action Strategies from All Investment Areas***

#### **I. Getting Kids Ready**

##### ***Expansion of quality early childhood education***

- Expand the number of current early childhood education (ECE) programs with stimulating learning environments and skilled ECE teachers through: support for programs to get accredited and licensed with special attention to reducing barriers to licensing for immigrant and refugee populations; provision of curriculum trainings (including literacy preparation, social and emotional skills) and classroom materials; professional development; on-site

mentoring; cash incentives for programs to meet higher standards; and enhanced teacher compensation.

- Establish new, or expand existing, preschool programs in schools or communities – new services would be both full and/or part-time.
- Stabilize workforce in ECE by providing wage and benefit compensation program (compensation and benefits grants).
- Offer screenings at ECE programs for prevention and early identification, diagnosis and treatment for developmental or health issues (via community clinics, nurse consultation team, use of EPSDT, etc.). Ensure kids have access to immunizations.

## **II. Getting Parents and Family/Friend/Neighbor Caregivers Ready**

### ***Parent education and access to high quality early education***

- Increase access for low-income families to higher quality, more educational child care.
- Offer programs that teach parents (especially new parents) how to prepare children for preschool and Kindergarten (Parents as Teachers, Parent-Child Home Visitor Program, hospital-based outreach programs)
- Provide family support and linkage to services, including parent education, consumer education on the importance of early education, and how to choose quality child care
- Expand access to child care for evenings, early morning and weekends

## **III. Getting Schools Ready for Children and Families**

### ***Kindergarten transition team***

- Promote collaboration of equal partners by providing release time for early childhood, kindergarten and elementary teachers to visit each others sites. Provide mutual learning opportunities for parents, teachers and ECE staff about how to get all children ready for school and schools ready for all children.

## **COMMUNITY PARTNERSHIPS FOR STUDENT SUCCESS: INTEGRATING SCHOOL, FAMILY AND COMMUNITY RESOURCES TO ENSURE STUDENT SUCCESS**

**Concept:** Provide students, schools, and families with support that integrates after-school/summer activities, family support, educational opportunities for students and adults, targeted interventions, and reinforcement of learning standards in a way that significantly enhances the likelihood of student achievement and success.

### **Core Services/Approach**

Develop **Community Partnerships for Student Success** (CPSS) at school- and community-based sites. CPSS services will be strategically located and designed to address disproportionality and the unique needs of the students, families, schools, and communities that each CPSS will serve. Every CPSS will include one or more schools as well as one or more community-based organizations, usually a consortium of organizations. CPSS will utilize culturally appropriate and relevant approaches to service delivery, which includes assuring that provider organizations and staff are culturally competent in order to most effectively address the needs of students and families.

A CPSS can either be school-based or community-based. A CPSS can either target the entire student population at a school, or can target a specific population(s) at one or more schools (e.g., one or more culturally-specific groups). If targeting the entire student population, a CPSS must implement strategies to reach and serve students (and their families) who are disproportionately not succeeding in school.

Whether community- or school-based, a CPSS will serve to expand the reach of the school out into the community to better support children and families, and impact the school environment to better reflect the knowledge, experience, and cultures of the students. Each CPSS will implement strategies to help make strong connections between families and schools, programs and families, programs and schools, and students and communities.

CPSS is a set of strategies; it is not a program. While CPSS builds on the experience and strengths of Seattle's current Community Learning Centers and other existing programs, it does not promote a particular program model. Rather, CPSS is a vision of, and approaches to effective services and partnerships between students, families, schools, and communities that are designed to improve outcomes for underachieving students.

CPSS provides or links with a comprehensive set of services, activities, and learning experiences that are tailored to the needs/assets of the students, families, schools, and community members they serve. Whether school- or community-based, CPSS will build upon and utilize the resources and strengths of the partnering schools.

- **After-School Activities (includes before-, after-school and summer):** CPSS will offer mix of school and/or community-based after-school activities that are enriching, safe,

of high quality, aligned with the core school day, and reflect the culture(s) of the students being served. These activities include tutoring, and applied and experiential learning.

- **Youth Development Activities:** CPSS will offer school and community-based peer support programs, leadership development activities, peer mediation groups, language and culture groups and other activities that support child/youth development and impact positive school climate.
- **Services for Culturally-Specific Groups, Immigrants and Refugees:** CPSS will provide culturally competent activities and services that address the unique needs of students and families they serve, including refugees and immigrants. If a CPSS site serves the entire school population and there are limited-English speaking or culturally-specific underachieving students at the school, the CPSS provider(s) for the site must either be or proactively approach and work with organizations experienced and competent to work effectively with the targeted students and families.
- **Services for Students with Special Needs and with Disabilities.** CPSS sites will offer activities and services that meet the needs of students with special needs and with disabilities, and their families.
- **Family Support Resources and Referrals:** CPSS will be a source of information and referral to community resources that assist families in addressing basic needs such as food and clothing banks, family support, physical health/mental health services, and transportation.
- **Parent/Family Support Activities:** CPSS will offer a menu of activities that serve to support parent and family involvement in education. These may include parent education workshops, family literacy programs, providing homework help at home classes, and others.
- **Student and Adult Educational Resources and Referrals:** CPSS will be a source of information and referral, as well as a venue for school- and community-based services that support the educational development of students and adults. This may include ESL classes, citizenship courses, home culture and history classes, high school completion programs, money management seminar, parent education, job training programs, and technology labs.
- **Transition Services:** CPSS will outreach to and help students who are entering a school during the school year or who are transitioning into a school from another program, such as the Bilingual Orientation Center.
- **Making Connections:** CPSS will develop tangible ways to connect students, families, schools, and community, as well as help schools and program to reach out to families and communities.

## **Intended Outcomes**

- Children/youth, especially from underachieving groups, are more engaged and successful in school (attendance, stay in school, involvement in classes, advancement with grade level, improved performance, increased graduation rates, etc.).
- Children/youth have increased developmental assets.
- Families/communities are more connected with schools and schools establish improved partnerships with families/communities.
- Families and students access the school-and community-based resources/services they need.



- For school-based programs: school climate improves (the entire school/community benefits).

## **Budget**

An annual budget for the CPSS Major Initiative was developed based on a sample case of 10 sites in Elementary Schools, 1 K-8 site, and 10 Middle School sites. The total derived from this sample case (\$1.9 million annually) was rounded to \$2.0 million annually and is estimated to be sufficient to fund 18-25 centers, depending on implementation.

## **Rationale**

- Children spend about 20 percent of their waking hours in school. Many hours each school day—and 185 full days a year—are free for either risk or opportunity. (The Future of Children, 1999; Miller et al., 1997)
- Recent after-school and evaluation research highlight the fact that after-school programs provide important academic and nonacademic benefits for elementary and middle school students involved in these programs. (Catherine Scott-Little, Mary Sue Hamann, and Stephen G. Jurs (Winter, 2002), Evaluations of After-School Programs: A Meta-Evaluation of Methodologies and Narrative Synthesis of Findings, The American Journal of Evaluation, 23, 4, pp. 387-419); Beth M. Miller (May, 2003). Critical Hours: Afterschool Programs and Educational Success. Boston, MA: Nellie Mae Foundation; and The After-School Corporation (June 2003). A comparison of Mathematica's National Evaluation of the 21<sup>st</sup> Century Community Learning Centers and Policy Studies Associates Evaluation of the TASC After School Program. The After-School Corporation, New York.)
- Only 38 percent of Seattle residents experience "social cohesion" in their neighborhoods, the United Way's Community Counts 2000 reports. People with lower incomes experience even less connectedness in their neighborhoods.
- Research strongly suggests that family involvement has a positive effect on a child's academic achievement and that when families are able to access resources and support, children are better able to focus on school.

## **Linkages and Connections to Other Services**

### **Integration Opportunities with Other Families and Education Levy Investment Areas**

- **Early Learning** – When serving elementary age students, could build on Early Learning Neighborhood Networks; also can help families transition young children from home and early learning programs to kindergartens; can be a source for parent/family support and education (many OST providers serve both preschool age and school age children).
- **Support Middle/High School Age Youth** – When located at middle schools or serving middle school age youth, can be the focal point for an array of prevention and early intervention services; can coordinate/bring in other community providers offering services/activities; CPSS activities incorporate best practices in youth development and leadership; could coordinate or help in efforts to improve school climate and implementation of Communities That Care efforts/programs.

- **Student Health Services** – Help students and families access health services; could be a venue for health education and prevention services. When located at middle schools, could connect with Wellness Center services.
- **Family Involvement** – Provide a variety of activities, services and classes for family and community members; can help forge family/school partnerships; can serve as focal point for coordinating/bringing in other community providers offering services and linking/referring families to services.

## **Linkages to the City of Seattle’s Children and Youth Strategy**

The CPSS Major Initiative would help the City achieve the four goals of the City’s Children and Youth Strategy, particularly the first goal:

1. Improve academic achievement and school readiness;
2. Improve the health status of children and youth;
3. Provide a safe, secure environment for children and youth; and
4. Build strong communities for children and youth.

CPSS services directly address disproportionality by ensuring that students who are not succeeding, and their families, are targeted for appropriate services and activities. The City’s Children and Youth Strategy establishes outcomes that the CPSS Major Initiative will help to achieve: *students succeed academically and more youth complete high school or obtain GEDs*. Further, the Children and Youth strategy identifies indicators that the City will use to determine whether it is being successful in reaching the outcomes. CPSS services help to improve the following identified indicators: *student attendance rates, student G.P.A.s, high school completion*. The Children and Youth Strategy also identifies core strategies that the City will invest in to achieve the desired outcomes. CPSS implement the following identified core strategies: *professional development, family support, and quality out-of-school time*.

## **Other Implementation Issues**

### **Guiding Principles of Implementation**

- Model is appropriate for elementary or middle school students and their families. The model can be implemented:
  - In neighborhood/community settings.
  - At high-need elementary, alternative, or K-8 schools/programs (based on academic and economic factors—free/reduced lunch eligibility, test scores).
  - At comprehensive middle schools.
- CPSS will operate from a place of inclusion, meaning that the community-based organizations that can provide the most appropriate services to particular groups of students will be utilized. Technical assistance, training, and other organizational capacity building efforts will be employed.
- Funding for the CPSS will be diversified and serve to leverage public and private dollars in addition to Families and Education Levy funds.
- For each CPSS, an agency or consortium of agencies will be charged with:
  - Bringing in and cultivating other community providers/partners.

- Ensuring that services are targeted to reach high need and culturally-specific populations within the school/community.
- Ensuring that after-school/summer activities are aligned to support student learning.
- Assisting programs and schools to reach out to families and communities and build upon children's/youth's home/neighborhood experience and culture.
- Partnering with school(s) to offer educationally aligned services and connecting schools with families and communities.
- Helping to bring in/leverage additional resources and funding.
- A community board or advisory group (or some other vehicle for community oversight) that includes parents, school staff, and community partners (and students for CPSS serving middle school age students) oversees each CPSS and ensures that services are community-driven and responsive to specific needs of community to be served.
- All activities incorporate the principles and promising/best practices of child/youth development and leadership, developmental assets, and family support principles.
- CPSS will encourage innovative and promising approaches, particularly in working with underachieving groups for whom little research has been conducted to determine what is effective.

### **CPSS Implementation Framework**

The City will conduct a Request for Proposals (RFP) process to determine the mix of CPSS sites and providers. Community-based and school-based CPSS sites will be required to have committed school(s) partners. The City will encourage collaborative proposals among agencies and schools working together. The City will provide technical assistance to agencies interested in operating CPSS sites or in partnering with others to do so. The RFP review process will involve reviewers who are knowledgeable of the populations that CPSS proposals are seeking to serve. Successful proposals should meet cultural competence standards and include feasible plans for reaching and serving underachieving groups.

Since Families and Education funds alone will not be sufficient to operate CPSS sites, schools and organizations partnering to provide CPSS services will be expected to contribute/raise funds, and/or leverage other resources and services for students and families served.

Depending on the scope of CPSS services, the number of students/families that each CPSS serves, and the mix of the types of CPSS sites, we anticipate that 18 to 25 CPSS sites can be funded by the Levy and that approximately 6,000 to 7,500 students and an equal number of adults would be served. This assumes a \$2 million Levy investment.

Over and above the \$2 million amount, the CAC strongly recommends that there must be a base of out-of-school time funding through the Levy for such prioritized action strategies as *support and increase availability/slots in structured OST programs in school and community settings, provide financial assistance for low-income/working families, and operational support for culturally-specific programs*, all of which should include a training and technical assistance component as recommended by the CAC. Further, the CAC recommends that prioritized Family Support action strategies be funded through the Levy including *provide culturally relevant family support services and community resources in schools and communities* and providing

*services for families whose home language is other than English.*

Within the budget for this major initiative and in the entire Levy renewal package, as well as in the City's General Fund budget, there needs to be sufficient resources for capacity building in order for agencies to improve their ability to provide culturally competent services. Further, there needs to be a sufficient level of funding for organizations that already have the expertise in working with immigrant, refugees, and other specific underachieving groups.

### **Other Notes**

- If school-based, schools, principals, and school staff have to be ready to embrace the CLC model and open their schools to students and family/community members during non-school hours. If community-based, there must be a strong commitment of schools to connect with CPSS sites.
- Requires funding support greater than what the Levy can provide on its own (responsibility shared by community organizations, City of Seattle, Seattle Public Schools). Additional funding/resources would be leveraged from schools and partnering organizations.

## **COMPREHENSIVE HEALTH SERVICES : CREATING A DISTRICT/COMMUNITY LINKED SYSTEM**

**Concept:** To create a health services delivery system that provides K-12 students with increased access to comprehensive health services through collaboration and building formal partnerships between the District, City, Public Health and community resources.

### **Core Services/Approach**

While schools cannot begin to cope with all students' health problems on their own, the school setting is a logical place to address a range of student health needs because of the time spent at school. Nationally, since the middle 1980's a number of public and private agencies and organization have launched efforts to promote school health and to take advantage of the school setting to promote children's health and wellness. These initiatives emphasize the value of partnerships between schools and health care organizations and stress the need for school health services to be integrated with community health systems.

The Student Health System will include the 8 components established by the Center for Disease Control (CDC): Health Education; Physical Education; Health Services; Nutrition Services; Health Promotion for Staff; Counseling and Psychological Services; Healthy School Environment; and, Parent and Community Involvement.

There are four major elements to the redesign of the current student health care delivery system:

- **Governance**
- **Internal Reorganization of School Health Services**
- **Hub & Spoke/Community Partnership Model**
- **Funding Enhancement.**

**Governance:** A Joint Governance Council comprised of representatives from the District, Public Health, the City of Seattle, community health partners, health plans, and a school-parent advocacy group such as the Seattle PTSA will be established. This council will oversee the system, act as the primary decision-making body, secure additional funding, and hold joint accountability for desired outcomes. The Council will establish advisory committees to incorporate a broad voice into decision-making.

**Internal Reorganization of School Health Services:** The new model will use District resources more effectively by reorganizing District health services staff into geographically based, interdisciplinary teams. These teams will also include community-based providers who routinely serve specific schools within each geographic cluster. Teams will be assigned to schools in geographic clusters based on the health needs of students, and it will develop more effective mechanisms for care coordination and case management among professional disciplines.

**Hub & Spoke/Community Partnership Model:** The District will be divided into 5 geographic clusters, each consisting of a number of elementary, middle and high schools. The District will develop formal agreements with key community providers to create “hub and spoke” relationships between the schools (“spokes”) and providers (“hubs”) in each cluster.

Hub providers will work with the District, Public Health, the City, and community resources to ensure that all students have access to needed comprehensive health services. Hub providers will work with elementary and alternative schools to identify opportunities to expand on-site services. There will be centralized functions such as quality assurance and data management to ensure greater system accountability for health outcomes and more efficient program operations.

This proposed model builds on the strengths of the current system. It incorporates the skills and knowledge of existing staff and supports existing relationships that are working effectively. However, it creates a stronger infrastructure to ensure that services are reaching the students with the greatest needs, that the system is accountable for quality outcomes and effectiveness, and that there is a standard of basic services that is available to all students. The proposed system reflects the model that is being promoted nationally by the Center for Disease Control and Prevention (CDC) and a number of national health organizations, such as the Center for Health and Health Care in Schools.

### **Intended Outcomes**

- More efficient use of community and district health resources that make up the current student health services system.
- More diversified and sustainable funding for health services
- Increased access to needed services for elementary and alternative schools
- Increase coverage of trained health staff at elementary and alternative schools
- Expanded services and greater accessibility to needed services for students and families
- Greater accountability of the health services system for system-wide standards, process and outcomes measures.
- Resource allocation will be based on student need and planned in each geographic cluster
- Greater care coordination and case management within each school and among professional disciplines.

The Health Initiative will serve 5 elementary schools, one high School and one middle School in one geographic cluster (the Southwest).

## Budget

The Health Major Initiative assumes the availability of resources to sustain and build upon the strong existing foundation of student health services. Annual cost estimates for the Health Initiative are estimated to be \$325,000 for:

1. Implementation of Hub and Spoke Model in **one geographic cluster (Southwest)** serving 5 elementary schools, one high School and one middle School
2. Creation of Joint Governance Council

## Rationale

Today, students are facing more complex physical and mental health problems than ever before. Many of these problems create significant barriers to learning and academic achievement. The impact of unmet health needs is greatest among the poorest children and exacerbates the academic performance gap that exists between students from high and low income families.<sup>1</sup> At a time when our schools are under mounting pressure to improve academic performance, the funding for needed school health services is increasingly at risk. If we are to raise healthy children, able to meet their full potential, it is critical for the School District and the community to effectively address the health and development needs of students and their families.

## Background Information

**History.** The Families and Education Levy, since its beginning in 1990, has invested in the student health care system in Seattle Public Schools. With the passage of the 1997 Levy, the City agreed to continue funding health services with the understanding that the District, Public Health and the City would work collaboratively to create a new student health system that was better able to meet the needs of students and be cost effective and financially sustainable. The Experience Wellness Project (EWP), established in February 2000, was the community-wide planning effort created to accomplish this goal.

The EWP continued for 2 ½ years, and involved a variety of key stakeholders, (community providers, parents, students, youth advocates, school building staff, city, district and public health leaders and staff) in implementing the planning process and developing recommendations. After a review of health models in use throughout the country, and best practice research by the EWP consultants, the following model, presented as the proposed Major Health Initiative, was developed as the recommended model for a new student health system.

**Current Health Services System.** Seattle's student health system provides many valuable services to students and their families. The Seattle School District has one of the more extensive school health programs in the State of Washington. The District employs a variety of health-related personnel, including nurses, psychologists, counselors, therapists, family support

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<sup>1</sup> Institute of Medicine, Schools & Health, National Academy Press, Washington, DC, 1997.

workers, and substance abuse interventionists, and provides most of the health services that are available in the Seattle schools. For more than a decade, the City of Seattle, through the Families and Education Levy and City General Fund, has helped fund a number of health programs in the schools, currently funding: 10 high school Teen Health Centers, 4 middle school Wellness Centers, Health Education, Secondary School Nurses, and Family Support Workers. The Public Health department and community providers have also helped the District to address student health problems and build students' developmental assets.

Despite these efforts, the current student health system has a number of serious deficiencies, including inadequate staffing, limited services and hours of operation in most schools, fragmented programs and informal and inconsistent partnerships and referral relationships. The system lacks clear outcome expectations, system-wide service standards and services, and overall accountability. A number of students have no health insurance and limited financial means or face cultural and language barriers that limit access to health services. And, of greatest concern is that financial support for the existing programs is threatened by cutbacks in State and local funding sources.<sup>2</sup>

## **Linkages and Connections to Other Services**

The proposed model assumes continued funding contributions from Health Partners and Seattle Public Schools, including:

- Health Partners who administer Health Centers will continue to contribute to the cost of services through grants, patient generated revenue and other contributions.
- Seattle Public Schools will continue to fund current district health services staff and programs. The 2003-2004 SPS health services budget includes school nurses, grant-funded drug/alcohol intervention specialists, CDC grant-funded health education, SSHS Best Beginnings, Healthy Steps Grant, counselors, special education, psychologists, and family support. (Cost expectations for counselors and psychologists are not known at this time.)

In addition, it is assumed:

- Seattle Public Schools would not charge Health or Wellness Centers rent.
- City General Fund would pay for Public Health indirect costs/overhead for administering health programs.
- The overall levy evaluation allocation would pay for program evaluations and would help to build a data base system and accountability framework for the comprehensive health services system overall.

**Funding Enhancement.** To create and maintain a comprehensive system, the District, Public Health, the City of Seattle and community partners will actively seek new sources of funding from a variety of public and private resources and work to forge new financial relationships with major health payers, including the State Medicaid program.

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<sup>2</sup> Experience Wellness Project Phase II Final Report & Model Recommendations August 2002.